

Regulations for Disease Reporting and Control

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Part I.

DEFINITIONS

12 VAC 5-90-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

“Board” means the State Board of Health.

“Cancer” means all carcinomas, sarcomas, melanomas, leukemias, and lymphomas excluding localized basal and squamous cell carcinomas of the skin, except for lesions of the mucous membranes.

“Carrier” means a person who, with or without any apparent symptoms of a communicable disease, harbors a specific infectious agent and may serve as a source of infection.

“Child care center” means a child day center, child day center system, child day program, family day home, family day system, or registered family day home as defined by §63.1-195 of the *Code of Virginia*, or a similar place providing day care of children by such other name as may be applied.

“Clinic” means any facility, freestanding or associated with a hospital, that provides preventive, diagnostic, therapeutic, rehabilitative, or palliative care or services to outpatients.

“Commissioner” means the State Health Commissioner, his duly designated officer or agent.

“Communicable disease” means an illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod or through the agency of an intermediate host or a vector or through the inanimate environment.

“Condition” means any adverse health event that is not technically a disease, such as an infection, a syndrome, or procedure indicating that an exposure of public health importance has occurred.

“Contact” means a person or animal known to have been in such association with an infected person or animal as to have had an opportunity of acquiring the infection.

“Contact tracing” means the process by which an infected person or health department employee notifies others that they may have been exposed to the infected person in a manner known to transmit the infectious agent in question.

“Department” means the State Department of Health.

“Designee” or “Designated officer or agent” means any person, or group of persons, designated by the State Health Commissioner, to act on behalf of the commissioner or the board.

“Epidemic” means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy.

“Foodborne outbreak” means two or more cases of a similar illness acquired through the consumption of food contaminated with chemicals or an infectious agent or its toxic products. Such illnesses include but are not

limited to heavy metal intoxications, staphylococcal food poisoning, botulism, salmonellosis, shigellosis, *Clostridium perfringens* food poisoning, hepatitis A, and *Escherichia coli* 0157:H7 illness.

"Hepatitis C, acute" means the case meets the following criteria: i) discrete onset of illness; ii) jaundice or serum aminotransferase levels greater than 2.5 times the upper normal limit; iii) test negative for hepatitis A and hepatitis B; and iv) antibody to hepatitis (anti-HCV) verified by a supplemental test. Persons who have chronic hepatitis or are anti-HCV positive should not be reported unless they have evidence of an acute illness compatible with viral hepatitis and other causes of acute hepatitis have been excluded.

"Immunization" means a procedure which renders an individual less susceptible to the pathologic effects of a disease or provides a measure of protection against the disease (e.g., inoculation, vaccination).

"Independent pathology laboratory" means a non-hospital or a hospital laboratory performing surgical pathology, including fine needle aspiration biopsy and bone marrow examination services, which reports the results of such tests directly to physician offices, without reporting to a hospital or accessioning the information into a hospital tumor registry.

"Investigation" means an inquiry into the incidence, prevalence, extent, source, mode of transmission and causation of a disease occurrence.

"Isolation" means separation for the period of communicability of infected persons or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of an infectious agent

from those infected to those who are susceptible. The means of isolation shall be the least restrictive means appropriate under the facts and circumstances as determined by the commissioner.

"Laboratory director" means any person in charge of supervising a laboratory conducting business in the Commonwealth of Virginia.

"Lead - elevated blood levels" means a child or children 15 years of age and younger with a confirmed venous blood level greater than or equal to 10 micrograms of lead per deciliter ($\mu\text{g/dL}$) of whole blood, a person older than 15 years of age with a venous blood lead level greater than or equal to 25 $\mu\text{g/dL}$, or such lower blood lead level as may be recommended for individual intervention by the Department or the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

"Medical care facility" means any hospital or nursing home licensed in the Commonwealth, or any hospital operated by or contracted to operate by an entity of the United States government or the Commonwealth of Virginia.

"Midwife" means any person who is licensed as a nurse midwife by the Virginia Boards of Nursing and Medicine or who possesses a midwife permit issued by the State Health Commissioner.

"Nosocomial outbreak" means any group of illnesses of common etiology occurring in patients of a medical care facility acquired by exposure of those patients to the disease agent while confined in such a facility.

“Nurse” means any person licensed as a professional nurse or as a licensed practical nurse by the Virginia Board of Nursing.

“Occupational outbreak” means a cluster of illness or disease that is indicative of an occupational health problem. Such diseases include but are not limited to silicosis, asbestosis, byssinosis, and tuberculosis.

“Outbreak” means the occurrence of more cases of a disease than expected.

“Period of communicability” means the time or times during which the etiologic agent may be transferred directly or indirectly from an infected person to another person, or from an infected animal to a person.

“Physician” means any person licensed to practice medicine by the Virginia Board of Medicine.

“Quarantine” means generally, a period of detention for persons or domestic animals that may have been exposed to a reportable, contagious disease for purposes of observation or treatment.

1. Complete quarantine. The formal limitation of freedom of movement of well persons or animals exposed to a reportable disease for a period of time not longer than the longest incubation period of the disease in order to prevent effective contact with the unexposed. The means of complete quarantine shall be the least restrictive means appropriate under the facts and circumstances, pursuant to 12 VAC 5-90-90 E or as determined by the commissioner.

2. Modified quarantine. A selective, partial limitation of freedom of movement of persons or domestic animals, determined on

the basis of differences in susceptibility, or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes but is not limited to, the exclusion of children from school and the prohibition or restriction of those exposed to or suffering from a communicable disease from engaging in a particular occupation. The means of modified quarantine shall be the least restrictive means appropriate under the facts and circumstances, pursuant to 12 VAC 5-90-90 E or as determined by the commissioner.

3. Segregation. The separation, for special control or observation, of one or more persons or animals from other persons or animals to facilitate control or surveillance of a reportable disease. The means of segregation shall be the least restrictive means available under the facts and circumstances, as determined by the commissioner.

“Reportable disease” means an illness due to a specific toxic substance, occupational exposure, or infectious agent, which affects a susceptible individual, either directly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment, as determined by the board.

“School” means i) any public school from kindergarten through grade 12 operated under the authority of any locality within the Commonwealth; ii) any private or parochial school that offers instruction at any level or grade from kindergarten through grade 12; iii) any private or parochial nursery school or preschool, or any private or parochial child care center licensed by the Commonwealth; and iv) any preschool handicapped classes or Head Start classes.

"Surveillance" means the on-going systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation and evaluation of public health practice. A surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.

"Toxic substance" means any substance, including any raw materials, intermediate products, catalysts, final products, or by-products of any manufacturing operation conducted in a commercial establishment, that has the capacity, through its physical, chemical or biological properties, to pose a substantial risk of death or impairment either immediately or over time, to the normal functions of humans, aquatic organisms, or any other animal but not including any pharmaceutical preparation which deliberately or inadvertently is consumed in such a way as to result in a drug overdose.

"Tuberculosis disease" means bacteriological confirmation of *Mycobacterium tuberculosis* or, in the absence of such confirmation, a significant reaction to a Mantoux tuberculin skin test accompanied by an improvement in the chest radiograph and/or clinical course of disease while on multiple anti-tuberculosis medications.

"Tuberculosis infection in children age < 4 years" means a significant reaction resulting from a 0.1 ml intradermal injection of a 5 tuberculin unit (TU) dose of PPD-S (Mantoux tuberculin skin test) with no chest x-ray or clinical indication of active tuberculosis disease in children from birth up to their fourth birthday. A significant reaction is 5 mm induration in known contacts to tuberculosis

disease and HIV seropositive persons and 10 mm in all others.

"Vancomycin-resistant *Staphylococcus aureus*" means any *Staphylococcus aureus* culture that demonstrates intermediate or greater resistance to vancomycin.

"Waterborne outbreak" means two or more cases of a similar illness acquired through the ingestion of or other exposure to water contaminated with chemicals or an infectious agent or its toxic products. Such illnesses include but are not limited to giardiasis, viral gastroenteritis, cryptosporidiosis, hepatitis A, cholera, and shigellosis. A single case of laboratory-confirmed primary amebic meningoencephalitis or of waterborne chemical poisoning is considered an outbreak.

Part II.

GENERAL INFORMATION

12 VAC 5-90-20. Authority.

Chapter 2 of Title 32.1 of the *Code of Virginia* deals with the reporting and control of diseases. Specifically, Section 32.1-35 directs the Board of Health to promulgate regulations specifying which diseases occurring in the Commonwealth are to be reportable and the method by which they are to be reported. Further, §32.1-42 of the *Code of Virginia* authorizes the board to promulgate regulations and orders to prevent a potential emergency caused by a disease dangerous to the public health. Section 32.1-12 of the *Code of Virginia* empowers the Board of Health to adopt such regulations as are necessary to carry out provisions of laws of the Commonwealth administered by the

commissioner of the Department of Health.

12 VAC 5-90-30. Purpose.

These regulations are designed to provide for the uniform reporting of diseases of public health importance occurring within the Commonwealth in order that appropriate control measures may be instituted to interrupt the transmission of disease.

12 VAC 5-90-40. Administration.

A. The State Board of Health ("board") has the responsibility for promulgating regulations pertaining to the reporting and control of diseases of public health importance.

B. The State Health Commissioner ("commissioner") is the executive officer for the State Board of Health with the authority of the board when it is not in session, subject to the rules and regulations of and review by the board.

C. The local health director is responsible for the surveillance and investigation of those diseases specified by this chapter which occur in his jurisdiction. He is further responsible for reporting all such surveillance and investigations to the department. In cooperation with the commissioner, he is responsible for instituting measures for disease control, which may include quarantine, isolation, or segregation as required by the commissioner.

D. The Office of Epidemiology, an organizational part of the department, is responsible for the statewide surveillance of those diseases specified by this chapter, for coordinating the investigation of those diseases with the local health director, and for

providing direct assistance where necessary. The Director of the Office of Epidemiology acts as the commissioner's designee in reviewing reports and investigations of diseases and recommendations by local health directors for quarantine or isolation. However, authority to order quarantine or isolation resides solely with the commissioner, unless otherwise expressly provided by him.

E. Confidentiality - All persons responsible for the administration of this chapter shall ensure that the anonymity of patients and practitioners is preserved, according to the provisions of §§32.1-38, 32.1-41, 32.1-71, and 32.1-71.4 of the *Code of Virginia*.

12 VAC 5-90-50. Applicability.

A. This chapter has general application throughout the Commonwealth.

B. The provisions of the Virginia Administrative Process Act, which is codified as Chapter 1.1:1 (§9-6.14:1 et seq.) of Title 9 of the *Code of Virginia*, shall govern the adoption, amendment, modification, and revision of this chapter, and the conduct of all proceedings and appeals hereunder. All hearings on such regulations shall be conducted in accordance with §9-6.14:7.1 of the *Code of Virginia*.

12 VAC 5-90-70. Powers and Procedures of Chapter Not Exclusive.

The board reserves the right to authorize a procedure for enforcement of this chapter which is not inconsistent with the provisions set forth herein and the provisions of Chapter 2 (§32.1-35 et seq.) of Title 32.1 of the *Code of Virginia*.

Part III.

REPORTING OF DISEASE

12 VAC 5-90-80. Reportable Disease List.

A. Reportable Disease List.

The board declares the following named diseases, toxic effects, and conditions to be reportable by the persons enumerated in 12 VAC 5-90-90. Conditions listed in capital and bold letters require rapid communication, as defined in subsection B of this section:

Acquired immunodeficiency syndrome (AIDS)
Amebiasis
ANTHRAX
Arboviral infection
BOTULISM
Brucellosis
Campylobacter infection
Chancroid
Chickenpox
Chlamydia trachomatis infection
CHOLERA
Cryptosporidiosis
Cyclosporiasis
DIPHTHERIA
Ehrlichiosis
Escherichia coli O157:H7 and other enterohemorrhagic *E. coli* infections
Giardiasis
Gonorrhea
Granuloma inguinale
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE
Hantavirus pulmonary syndrome
Hemolytic uremic syndrome (HUS)
Hepatitis, Acute Viral
HEPATITIS A
Hepatitis B

Hepatitis C
Other Acute Viral Hepatitis
Human immunodeficiency virus (HIV) infection
Influenza
Kawasaki syndrome
Lead - elevated blood levels
Legionellosis
Leprosy (Hansen disease)
Listeriosis
Lyme disease
Lymphogranuloma venereum
Malaria
MEASLES (Rubeola)
MENINGOCOCCAL INFECTION
Mumps
Ophthalmia neonatorum
OUTBREAKS, ALL (including foodborne, nosocomial, occupational, toxic substance-related, waterborne, and other outbreaks)
PERTUSSIS (Whooping cough)
PLAGUE
POLIOMYELITIS
PSITTACOSIS
RABIES, HUMAN AND ANIMAL
Rabies treatment, post-exposure
Rocky Mountain spotted fever
Rubella (German measles), including congenital rubella syndrome
Salmonellosis
Shigellosis
Streptococcal disease, Group A, invasive
Syphilis (report **PRIMARY and SECONDARY** syphilis by rapid means)
Tetanus
Toxic shock syndrome
Toxic substance-related illness
Trichinosis (Trichinellosis)
TUBERCULOSIS DISEASE
Tuberculosis infection in children age <4 years (Mantoux tuberculin skin test reaction ≥ 10 mm)
Typhoid fever

Typhus
Vancomycin-resistant *Staphylococcus aureus*
Vibrio infection

YELLOW FEVER

B. Reportable Diseases Requiring Rapid Communication.

Certain of the diseases in the list of reportable diseases, because of their extremely contagious nature or their potential for greater harm, or both, require immediate identification and control. Reporting of persons confirmed or suspected of having these diseases, listed below and in capital and bold letters in subsection A of this section and 12 VAC 5-90-90 B, shall be made within 24 hours by the most rapid means available, preferably that of telecommunication (e.g., telephone, telephone transmitted facsimile, telegraph, teletype, etc.) to the local health director or other professional employee of the department.

Anthrax
Botulism
Cholera
Diphtheria
Haemophilus influenzae infection,
invasive
Hepatitis A
Measles (Rubeola)
Meningococcal infection
Outbreaks, all
Pertussis
Plague
Poliomyelitis
Psittacosis
Rabies in man and animals
Syphilis, primary and secondary
Tuberculosis disease
Yellow fever

C. Diseases to be Reported by Number of Cases.

The following disease in the list of reportable diseases shall be reported as number-of-cases only:

Influenza (by type, if available)

D. Human Immunodeficiency Virus (HIV) Infection.

Every physician practicing in this Commonwealth shall report to the local health department any patient of his who has tested positive for human immunodeficiency virus (HIV). Every person in charge of a medical care facility shall report the occurrence in or admission to the facility of a patient with HIV infection unless there is evidence that the occurrence has been reported by a physician. When such a report is made, it shall include the information required in 12 VAC 5-90-90 A. Only individuals who have laboratory results which indicate the presence of HIV antigen, nucleic acid, or antibodies {such as at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot or by rapid tests with confirmation} are considered to have HIV infection.

E. Toxic Substance-Related Diseases or Illnesses.

All toxic substance-related diseases or illnesses, including pesticide and heavy metal poisoning or illness or disease resulting from exposure to an occupational dust or fiber or radioactive substance shall be reported.

If such disease or illness is verified or suspected and presents an emergency or a

serious threat to public health or safety, the report of such disease or illness shall be by rapid communication as in subsection B of this section.

F. Outbreaks.

The occurrence of outbreaks or clusters of any illness which may represent a group expression of an illness which may be of public health concern shall be reported to the local health department by the most rapid means available.

G. Unusual or Ill-Defined Diseases or Emerging or Reemerging Pathogens.

Unusual or emerging conditions of public health concern shall be reported to the local health department by the most rapid means available. In addition, the commissioner or his designee may establish temporary surveillance systems for diseases or conditions that are not on the list of reportable diseases. Such surveillance may be established to identify cases (delineate the magnitude of the situation), to identify the mode of transmission and risk factors for the disease, and to identify and implement appropriate action to protect public health. Any person reporting information at the request of the Department of Health for special surveillance or other epidemiological studies shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*.

H. Contact Tracing.

When notified about a disease specified in subsection A of this section, the local health department shall perform contact tracing for HIV infection, infectious syphilis, and tuberculosis and may perform contact tracing for the other diseases if deemed necessary to

protect the public health. The local health director shall have the responsibility to accomplish contact tracing by either having patients inform their potential contacts directly or through obtaining pertinent information such as names, descriptions, and addresses to enable the health department staff to inform the contacts. All contacts of HIV infection shall be afforded the opportunity for appropriate counseling, testing, and individual face-to-face disclosure of their test results. In no case shall names of informants or infected persons be revealed to contacts by the health department. All information obtained shall be kept strictly confidential.

12 VAC 5-90-90. Those Required to Report.

A. Physicians.

Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition shall report that person's name, address, age or date of birth or both, sex, race, name of disease diagnosed or suspected, and the date of onset of illness, except that influenza should be reported by number of cases only (and type of influenza, if available). Reports are to be made to the local health department serving the jurisdiction where the physician practices. A physician may designate someone to report on his behalf. Provider organizations, such as health maintenance organizations, may assume the responsibility for reporting on behalf of their member physicians. Any physician, designee, or organization making such report as authorized herein shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*.

Such reports shall be made on a form to be provided by the Department (Epi-1), a computer generated facsimile of Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information and shall be made within seven days of the identification of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80.

B. Directors of Laboratories.

Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any specimen derived from the human body, whether performed in-house or referred to an out-of-state laboratory, which yields evidence, by the laboratory method(s) indicated or any other confirmatory test, of a disease listed below:

Amebiasis - by microscopic examination or antigen detection method or serology

ANTHRAX - by culture

Arboviral infection - by viral isolation or serology

BOTULISM - by identification of toxin in stool or serum or by culture

Brucellosis - by culture or serology or immunofluorescence of *Brucella* spp. in a clinical specimen

Campylobacter infection - by culture

Chancroid - by culture

Chlamydia trachomatis infection - by culture or by antigen or nucleic acid detection

methods

CHOLERA - by culture

Cryptosporidiosis - by microscopic examination of stool or biopsy specimens or by antigen detection method

Cyclosporiasis - by microscopic examination of stool

DIPHTHERIA - by culture or histopathologic diagnosis

Escherichia coli O157:H7 - by isolation of *E. coli* O157:H7 or other enterohemorrhagic *E. coli* from a specimen or isolation of Shiga toxin-producing *E. coli* O157 nonmotile (unable to detect flagellar factor) from a clinical specimen.

Giardiasis - by microscopic examination or antigen detection method

Gonococcal infection - by culture or microscopic examination or by antigen or nucleic acid detection method

HAEMOPHILUS INFLUENZAE INFECTION - by culture or polymerase chain reaction of a normally sterile site

HEPATITIS A - by serology specific for IgM antibodies

Hepatitis B - by serology specific for IgM antibodies

Human immunodeficiency virus (HIV) infection - by laboratory results which indicate the presence of HIV antigen, nucleic acid, or antibodies {such as at least two enzyme-linked immunosorbent assays

(done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot or by rapid tests with confirmation}

Influenza - by culture or serology

Lead-elevated blood levels - venous blood lead level greater than or equal to 10 µg/dL in children ages 0-15 years or greater than or equal to 25 µg/dL in persons older than 15 years of age

Legionellosis - by culture, direct fluorescent antibody test, serology, urine antigen detection method or polymerase chain reaction

Listeriosis - by culture

Malaria - by microscopic examination or polymerase chain reaction

MEASLES - by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture

MENINGOCOCCAL INFECTION - by culture of a normally sterile site

Mumps - by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture

MYCOBACTERIAL DISEASES - Report any of the following:

1. Acid fast bacilli - on smear
2. Mycobacterial identification - preliminary identification by rapid methodologies and/or by culture
3. Drug susceptibility test results for *M. tuberculosis*.

PERTUSSIS - confirmed by culture or polymerase chain reaction or suspected by direct fluorescent antibody test

PLAGUE - by culture or direct fluorescent antibody test

POLIOMYELITIS - by culture or serology

RABIES IN ANIMALS - by direct fluorescent antibody test

Rubella - by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture

Salmonella infection - by culture

Shigella infection - by culture

Streptococcal disease, Group A - by culture from a normally sterile site

SYPHILIS - by serology or dark field examination

Trichinosis - by serology or microscopic examination of a muscle biopsy

Vancomycin-resistant *Staphylococcus aureus* - by antimicrobial susceptibility testing conducted on culture

Vibrio infection - by culture

Each report shall give the source of the specimen and the laboratory method and result; the name, age or date of birth or both, race, sex, and address of the person from whom the specimen was obtained; and the name and address of the physician or medical facility for whom the examination was made. When the influenza virus is isolated, the type

should be reported, if available. Reports shall be made within seven days of identification of evidence of disease, except that those listed in capital and bold letters shall be reported within 24 hours by the most rapid means available, to the local health department serving the jurisdiction in which the laboratory is located. Reports shall be made on Form Epi-1 or on the laboratory's own form if it includes the required information. Computer generated reports containing the required information may be submitted. Any person making such report as authorized herein shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*.

A laboratory operating within a medical care facility shall fulfill its responsibility to report anthrax, cholera, diphtheria, *E. coli* O157:H7, *H. influenzae* infection, meningococcal infection, *Mycobacterium tuberculosis*, pertussis, plague, poliomyelitis, *Salmonella* infection, *Shigella* infection, invasive Group A streptococcal infection, and other diseases as may be requested by the health department by both notifying the health department of the positive culture and submitting the initial culture to the Virginia Division of Consolidated Laboratory Services. The culture must be identified with the patient and physician information required in this subsection. At times, other laboratories may also be requested to submit specimens to the Virginia Division of Consolidated Laboratory Services.

Laboratories operating within a medical care facility shall be considered to be in compliance with the requirement to report to the health department when the director of that medical care facility assumes the reporting responsibility.

C. Person in Charge of a Medical Care Facility.

Any person in charge of a medical care facility shall make a report to the local health department serving the jurisdiction where the facility is located of the occurrence in or admission to the facility of a patient with a reportable disease listed in 12 VAC 5-90-80 A unless he has evidence that the occurrence has been reported by a physician. Any person making such report as authorized herein shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such reports shall contain the patient's name, age or date of birth or both, address, sex, race, name of disease being reported, the date of admission, hospital chart number, date expired (when applicable), and attending physician. Influenza should be reported by number of cases only (and type of influenza, if available). Reports shall be made within seven days of the identification of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80 and shall be made on Form Epi-1, a computer generated facsimile of Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information.

A person in charge of a medical care facility may assume the reporting responsibility on behalf of the director of the laboratory operating within the facility.

D. Person in Charge of a School or Child Care Center.

Any person in charge of a school or child care center shall report immediately to the local health department the presence or

suspected presence in his school or child care center of children who have common symptoms suggesting an epidemic or outbreak situation. Any person so reporting shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*.

E. Local Health Director.

The local health director shall forward within seven days of receipt to the Office of Epidemiology of the State Health Department any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction. This report shall be by telecommunication if the disease is one requiring rapid communication, as required in 12 VAC 5-90-80. All such rapid reporting shall be confirmed in writing and submitted to the Office of Epidemiology within seven days. Furthermore, the local health director shall immediately forward to the appropriate local health director any disease reports on individuals residing in the latter's jurisdiction or to the Office of Epidemiology on individuals residing outside Virginia.

The local health director shall review reports of diseases received from his jurisdiction and follow-up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. He shall determine, in consultation with the Director of the Office of Epidemiology and the commissioner, if further investigation is required and if complete or modified quarantine will be necessary.

Modified quarantine shall apply to situations in which the local health director on the scene would be best able to judge the potential threat of disease transmission. Such situations shall include, but are not limited to, the temporary exclusion of a child with a

communicable disease from school and the temporary prohibition or restriction of any individual(s), exposed to or suffering from a communicable disease, from engaging in an occupation such as foodhandling that may pose a threat to the public. Modified quarantine shall also include the exclusion, under §32.1-47 of the *Code of Virginia*, of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified. In these situations, the local health director may be authorized as the commissioner's designee to order the least restrictive means of modified quarantine.

Where modified quarantine is deemed to be insufficient and complete quarantine or isolation is necessary to protect the public health, the local health director, in consultation with the Director of the Office of Epidemiology, shall recommend to the commissioner that a quarantine order or isolation order be issued.

F. Persons in Charge of Hospitals, Nursing Facilities or Nursing Homes, Adult Care Residences, and Correctional Facilities.

In accordance with §32.1-37.1 of the *Code of Virginia*, any person in charge of a hospital, nursing facility or nursing home, adult care residence, or correctional facility shall, at the time of transferring custody of any dead body to any person practicing funeral services, notify the person practicing funeral services or his agent if the dead person was known to have had, immediately prior to death, an infectious disease which may be transmitted through exposure to any bodily fluids. These include any of the following infectious diseases:

Creutzfeldt-Jakob disease
Human immunodeficiency virus infection
Hepatitis B
Hepatitis C
Rabies
Infectious syphilis

Part IV.

CONTROL OF DISEASE

12 VAC 5-90-100. The "Methods of Control" sections of the Sixteenth Edition of the *Control of Communicable Diseases Manual* (1995) published by the American Public Health Association shall be complied with by the board and commissioner in controlling the diseases listed in 12 VAC 5-90-80 A, except to the extent that the requirements and recommendations therein are outdated, inappropriate, inadequate, or otherwise inapplicable. The board and commissioner reserve the right to use any legal means to control any disease which is a threat to the public health.

Part V.

IMMUNIZATION OF CHILDREN

12 VAC 5-90-110. Dosage and Age Requirements for Immunizations; Obtaining Immunizations.

A. Every child in Virginia shall be immunized against the following diseases by receiving the specified number of doses of vaccine by the specified ages:

1. Diphtheria, Tetanus, and Pertussis (Whooping cough) Vaccine - four doses by 18 months of age of toxoids of diphtheria and

tetanus, combined with pertussis vaccine.

2. Poliomyelitis Vaccine, trivalent type - three doses by age 18 months of attenuated (live) trivalent oral polio virus vaccine or inactivated poliomyelitis vaccine or combination.

3. Measles (Rubeola) Vaccine - one dose at 12-15 months of age of further attenuated (live) measles virus vaccine. A second dose shall also be required at the time of initial entry to school. For those children who did not receive a second dose at initial school entry, a second dose shall be required at the time of entry to grade six.

4. Rubella (German measles) Vaccine - one dose at 12-15 months of age of attenuated (live) rubella virus vaccine.

5. Mumps Vaccine - one dose at 12-15 months of age or by age two years of mumps virus vaccine (live).

6. *Haemophilus influenzae* type b (Hib) Vaccine - a maximum of four doses of Hib vaccine for children up to 30 months of age as appropriate for the child's age and in accordance with current recommendations of either the American Academy of Pediatrics or the U.S. Public Health Service.

7. Hepatitis B Vaccine - three doses by 18 months of age.

B. The required immunizations may be obtained from a physician licensed to practice medicine or from the local health department.

Part VI.

VENEREAL DISEASE

12 VAC 5-90-130. Prenatal Testing.

Every physician attending a pregnant woman during gestation shall examine and test such woman for syphilis and hepatitis B surface antigen (HBsAg) within fifteen days after beginning such attendance. A second prenatal test for syphilis and HBsAg shall be conducted at the beginning of the third trimester (28 weeks) for women who are at higher risk for these diseases. Persons at higher risk for syphilis include those who have had multiple sexual partners within the previous year and those with any prior history of a sexually transmitted disease. Persons at higher risk for hepatitis B virus infection include injecting drug users and those with personal contact with a hepatitis B patient, multiple sexual partners, and/or occupational exposure to blood. If the patient first seeks care during the third trimester, only one test shall be required. Every physician should also examine and test a pregnant woman for any sexually transmitted disease as clinically indicated.

Part VII.

PREVENTION OF BLINDNESS FROM OPHTHALMIA NEONATORUM

12 VAC 5-90-140. Procedure for Preventing Ophthalmia Neonatorum.

The physician, nurse or midwife in charge of the delivery of a baby shall instill in each eye of that newborn baby as soon as possible after birth one of the following: (i) two drops of a 1.0% silver nitrate solution; (ii) two drops of

a 1.0% tetracycline ophthalmic solution; (iii) one quarter inch or an excessive amount of 1.0% tetracycline ophthalmic ointment; or (iv) one quarter inch or an excessive amount of 0.5% erythromycin ophthalmic ointment. This treatment shall be recorded in the medical record of the infant.

Part VIII.

CANCER REPORTING

12 VAC 5-90-150. Authority.

Article 9 (§32.1-70 et seq.) of Title 32.1 of the *Code of Virginia* authorizes the establishment of a statewide cancer registry.

12 VAC 5-90-160. Reportable Cancers and Tumors.

Clinically or pathologically diagnosed cancers, as defined in 12 VAC 5-90-10, and benign brain tumors shall be reported to the Virginia Cancer Registry in the department.

12 VAC 5-90-170. Those Required to Report.

Any person in charge of a medical care facility, clinic, or independent pathology laboratory which diagnoses or treats cancer patients is required to report. Physicians are required to report cases of cancer in those instances when it has been determined that a medical care facility, clinic, or in-state pathology laboratory has not reported. Any person making such report shall be immune from liability as provided by §32.1-38 of the *Code of Virginia*.

12 VAC 5-90-180. Data to be Reported.

Each report shall include the patient's name, address (including county or independent city of residence), age, date of birth, sex, date of diagnosis, date of admission or first contact, primary site of cancer, histology (including type, behavior, and grade), basis of diagnosis, social security number, race, ethnicity, marital status, usual occupation, usual industry, sequence number, laterality, stage, treatment, recurrence information (when applicable), name of reporting facility, vital status, cause of death (when applicable), date of last contact, history of tobacco and alcohol use, and history of service in Vietnam and exposure to dioxin-containing compounds.

Reporting shall be by electronic means where possible. Output file formats shall conform to the most recent version of the North American Association of Central Cancer Registries' standard data file layout. Facilities without electronic reporting means and physicians shall submit the required information on the Virginia Cancer Registry Reporting Form. A copy of the pathology report(s) should accompany each completed reporting form, when available. Medical care facilities and clinics reporting via the reporting form should also submit a copy of the admission form and discharge summary.

Reports shall be made within six months of the diagnosis of cancer and submitted to the Virginia Cancer Registry on a monthly basis. Cancer programs conducting annual follow-up on patients shall submit follow-up data monthly in an electronic format approved by the Virginia Cancer Registry.

Part IX.

INCORPORATION OF CODE

12 VAC 5-90-190. Reporting and Control of Diseases.

Chapter 2 (§32.1-35 et seq.) of Title 32.1 of the *Code of Virginia* relating to the Reporting and Control of Diseases is incorporated by reference and made a part of these regulations.

Part X.

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Part XI.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING OF GAMETE DONORS

12 VAC 5-90-230. Definitions.

The following words and terms, when used in this regulation, shall have the following meaning unless the context clearly indicates otherwise:

"Artificial insemination" means instrumental placement of semen into the vagina, cervical canal, or uterus of a recipient.

"Donor" means an individual who is unrelated by marriage to the recipient and who contributes sperm or ova used in the following procedures: treatment of infertility by artificial insemination; in vitro fertilization; gamete intrafallopian tube transfer; zygote intrafallopian tube transfer or any other

gamete, zygote, or embryo transfer; or other intervening medical technology using sperm or ova.

"Embryo" means the product of a fertilized ovum prior to the eighth week of development inside a uterus.

"Gamete" means either sperm or ova.

"Gamete intrafallopian tube transfer" means placement of harvested ova and sperm into the fallopian tube(s) of a recipient.

"Zygote" means a fertilized ovum prior to cell cleavage.

"Zygote intrafallopian tube transfer" means placement of a zygote(s) into the fallopian tube(s) of a recipient.

"In vitro fertilization" means placement of a zygote or embryo that has been fertilized outside the body into the uterus of a recipient.

"HIV-1" means the retrovirus causing the human immunodeficiency virus infection, type 1.

"HIV-2" means the retrovirus causing the human immunodeficiency virus infection, type 2.

12 VAC 5-90-240. Excluding Donors with High Risk Factors.

A. Practitioners using gametes for the treatment of infertility by transfer of such gametes to a recipient shall interview all gamete donors at the time of donation in order to screen for high risk behavior indicating potential exposure to HIV-1 and HIV-2.

B. Any gamete donor reporting infection with HIV-1 or HIV-2 or any of the following risk factors shall be excluded from donating:

1. Men who have had sex with another man within the preceding five (5) years.

2. Persons who have injected drugs for a non-medical reason in the preceding five (5) years, including intravenous, intramuscular, and subcutaneous injections of recreational or illegal drugs.

3. Persons with hemophilia or related clotting disorders who have received human derived clotting factor concentrates.

4. Persons who have had sex in exchange for money or drugs in the preceding five (5) years.

5. Persons who have had sex in the preceding twelve (12) months with any person described in Sections 1 through 4 above or with any person suspected of being infected with HIV-1 or HIV-2.

6. Persons who have been exposed within the last twelve (12) months to known or suspected HIV-1 or HIV-2 infected blood through percutaneous inoculation (e.g., needle stick) or through contact with an open wound, non-intact skin, or mucous membrane.

7. Current inmates of correctional systems (including jails and prisons), and individuals who have been incarcerated in jail or prison for more than seventy-two (72) consecutive hours during the previous twelve (12) months.

8. Persons who have had or have been treated for syphilis or gonorrhea during the preceding twelve (12) months.

9. Persons who within twelve (12) months of donation have undergone acupuncture, ear and/or body piercing or tattooing in which sterile procedures were not used, or where it is unknown if sterile procedures were used.

10. Persons who choose to defer from donation whether or not they report any of the above potential exposures to HIV-1 or HIV-2.

12 VAC 5-90-250. Storage of Semen Pending Negative HIV Tests.

Semen specimens from donors shall be stored and withheld from use for at least one hundred eighty (180) days following donation and used only if the donor tests negative for serum antibodies for HIV-1 and HIV-2 on enzyme-linked immunoadsorbent assay or blood HIV-1 and HIV-2 by polymerase chain reaction at least one hundred eighty (180) days after donation.

12 VAC 5-90-260. Use of Ova After Negative HIV Tests.

Ova shall be used only if the donor tests negative for serum antibodies to HIV-1 and HIV-2 on enzyme-linked immunoadsorbent assay or blood HIV-1 and HIV-2 by polymerase chain reaction at the initiation of the cycle during which the ova are harvested.

12 VAC 5-90-270. Notifying Recipients of Option to Delay Transfer.

Practitioners using ova, embryos, or zygotes for the treatment of infertility or other medical technology involving the transfer of ova, embryos, or zygotes to a recipient shall notify these recipients of the option for having donor ova fertilized and the resultant zygotes frozen and then transferred to the recipient only if the ova donor is negative for serum antibodies for HIV-1 and HIV-2 on enzyme-linked immunoadsorbent assay or blood HIV-1 and HIV-2 by polymerase chain reaction at least one hundred eighty (180) days after donation.